

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

HCA INC. GOOD GOVERNMENT FUND

ADDRESS (number and street)

PO BOX 550

ONE PARK PLAZA

☐Check if different
than previously
reported. (ACC)

NASHVILLE

TN

37203

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00067231

3. IS THIS
REPORT☐NEW
(N)**OR**☒AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☒

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

09

01

2009

through

09

30

2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

David Anderson

Signature of Treasurer

Electronically Filed by David Anderson

Date

06

24

2010

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

2 / 30

Write or Type Committee Name
HCA INC. GOOD GOVERNMENT FUND

Report Covering the Period: From:

| | |
|---|---|
| M | M |
| 0 | 9 |

| | |
|---|---|
| D | D |
| 0 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 9 |

 To:

| | |
|---|---|
| M | M |
| 0 | 9 |

| | |
|---|---|
| D | D |
| 3 | 0 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 9 |

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand January 1 | | |
| 2009 | | 205280.78 |
| (b) Cash on Hand at Beginning of Reporting Period | 78440.27 | |
| (c) Total Receipts (from Line 19) | 38371.89 | 52131.52 |
| (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 116812.16 | 257412.30 |
| 7. Total Disbursements (from Line 31) | 28928.91 | 169529.05 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 87883.25 | 87883.25 |
| 9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |
| 10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

3 / 30

Write or Type Committee Name

HCA INC. GOOD GOVERNMENT FUND

Report Covering the Period:

From:

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| M | M | D | D | Y | Y | W | Y |
| 0 | 9 | 0 | 1 | 2 | 0 | 0 | 9 |

To:

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| M | M | D | D | Y | Y | W | Y |
| 0 | 9 | 3 | 0 | 2 | 0 | 0 | 9 |

| I. Receipts | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From: | | |
| (a) Individuals/Persons Other Than Political Committees | | |
| (i) Itemized (use Schedule A) | 20250.00 | 25237.50 |
| (ii) Unitemized | 18114.50 | 24282.00 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) | 38364.50 | 49519.50 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs) | 0.00 | 0.00 |
| (d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) | 38364.50 | 49519.50 |
| 12. Transfers From Affiliated/Other Party Committees | 0.00 | 0.00 |
| 13. All Loans Received | 0.00 | 0.00 |
| 14. Loan Repayments Received | 0.00 | 0.00 |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) | 0.00 | 0.00 |
| 16. Refunds of Contributions Made to Federal candidates and Other Political Committees | 0.00 | 2000.00 |
| 17. Other Federal Receipts (Dividends, Interest, etc.) | 7.39 | 612.02 |
| 18. Transfers from Non-Federal and Levin Funds | | |
| (a) Non-Federal Account (from Schedule H3) | 0.00 | 0.00 |
| (b) Levin Funds (from Schedule H5) | 0.00 | 0.00 |
| (c) Total Transfer (add 18(a) and 18(b)). | 0.00 | 0.00 |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) | 38371.89 | 52131.52 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) | 38371.89 | 52131.52 |

DETAILED SUMMARY PAGE

of Disbursements

4 / 30

FEC Form 3X (Rev. 02/2003)

| II. DISBURSEMENTS | | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|----------|-------------------------------|-----------------------------------|
| 21. Operating Expenditures: | | | |
| (a) Shared Federal/Non-Federal Activity (from Schedule H4) | | | |
| (i) Federal Share..... | 0.00 | 0.00 | |
| (ii) Non-Federal Share..... | 0.00 | 0.00 | |
| (b) Other Federal Operating Expenditures..... | 178.91 | 6429.05 | |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤ | 178.91 | 6429.05 | |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 | |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 19000.00 | 134000.00 | |
| 24. Independent Expenditure (use Schedule E) | 0.00 | 0.00 | |
| 25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)..... | 0.00 | 0.00 | |
| 26. Loan Repayments Made..... | 0.00 | 0.00 | |
| 27. Loans Made..... | 0.00 | 0.00 | |
| 28. Refunds of Contributions To: | | | |
| (a) Individuals/Persons Other Than Political Committees | 0.00 | 0.00 | |
| (b) Political Party Committees | 0.00 | 0.00 | |
| (c) Other Political Committees (such as PACs) | 0.00 | 0.00 | |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) | 0.00 | 0.00 | |
| 29. Other Disbursements..... | 9750.00 | 29100.00 | |
| 30. Federal Election Activity (2 U.S.C 431(20)) | | | |
| (a) Shared Federal Election Activity (from Schedule H6) | | | |
| (i) Federal Share | 0.00 | 0.00 | |
| (ii) "Levin" Share | 0.00 | 0.00 | |
| (b) Federal Election Activity Paid Entirely With Federal Funds | 0.00 | 0.00 | |
| (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)).... | 0.00 | 0.00 | |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).. | 28928.91 | 169529.05 | |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 28928.91 | 169529.05 | |

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

5 / 30

| III. Net Contributions/Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans) from Line 11(d), page 3) | 38364.50 | 49519.50 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 38364.50 | 49519.50 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... | 178.91 | 6429.05 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3) | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 178.91 | 6429.05 |

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 30

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

A.

Full Name (Last, First, Middle Initial)

LaShandra Barbarin

Mailing Address 8004 Craftsbury Lane

City

McKinney

State

TX

Zip Code

75071

FEC ID number of contributing
federal political committee.

C

Name of Employer
Med Center of McKinney

Occupation
COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 0 / 2 0 0 9

Transaction ID: SA11AI.19006

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Randy Blanchard

Mailing Address 3836 Chelsea Way

City

Caddo Mills

State

TX

Zip Code

75135

FEC ID number of contributing
federal political committee.

C

Name of Employer
Med Center of McKinney

Occupation
CNO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 0 / 2 0 0 9

Transaction ID: SA11AI.19008

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Joe Bowman

Mailing Address 9017 Grey Pointe Ct

City

Brentwood

State

TN

Zip Code

37027

FEC ID number of contributing
federal political committee.

C

Name of Employer
StoneCrest Medical Center

Occupation
CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.19202

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

1300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 30

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

A.

Full Name (Last, First, Middle Initial)

Barbara Brennan

Mailing Address 3441 Dickerson Pike

City

Nashville

State

TN

Zip Code

37207

FEC ID number of contributing
federal political committee.

C

Name of Employer
Skyline Medical Center

Occupation
CNO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.19183

Amount of Each Receipt this Period

350.00

B.

Full Name (Last, First, Middle Initial)

Wayne Campbell

Mailing Address 1601 Gum Creek Cove

City

Niceville

State

FL

Zip Code

32578

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ft Walton Beach Med Ctr

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 0 / 2 0 0 9

Transaction ID: SA11AI.19065

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Greg Caples

Mailing Address 2065 Delbury Court

City

Snellville

State

GA

Zip Code

30078

FEC ID number of contributing
federal political committee.

C

Name of Employer
Emory Johns Creek Hospital

Occupation
COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.19113

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)

1700.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 30

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

A.

Full Name (Last, First, Middle Initial)

Robert Conroy

Mailing Address 1267 Greybrooke Place

City

Oldsmar

State

FL

Zip Code

34677

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Petersburg General

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.19135

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Kay Delage

Mailing Address 631 Glenn Circle

City

Madison

State

TN

Zip Code

37115

FEC ID number of contributing
federal political committee.

C

Name of Employer
Skyline Medical Ctr

Occupation
COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.19186

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

James Eyler

Mailing Address 340 Hospital Dr

City

Macon

State

GA

Zip Code

31217

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coliseum Psychiatric Cent-
er

Occupation
Hospital Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 0 / 2 0 0 9

Transaction ID: SA11AI.18985

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 30

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

A.

Full Name (Last, First, Middle Initial)

Martha Garcia

Mailing Address 13900 Cypress Court

City

Miami Lake

State

FL

Zip Code

33014

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kendall Regional Med Ctr

Occupation
COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.19178

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Arturo Garza

Mailing Address 1001 E Fern Ave, Apt C308

City

McAllen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rio Grande Regional Hosp.

Occupation
Associate Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.19172

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Allen Golson

Mailing Address 109 Fairway Run

City

Forsyth

State

GA

Zip Code

31029

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coliseum Medical Ctr.

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.19154

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 30

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

A.

Full Name (Last, First, Middle Initial)

Randy Gross

Mailing Address 1847 Wedgewood Way

City

Kissimmee

State

FL

Zip Code

34746

FEC ID number of contributing
federal political committee.

C

Name of Employer
Osceola Regional Medical
Ctr

Occupation
COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.19175

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Teri James

Mailing Address 1500 State Street

City

Lexington

State

MO

Zip Code

64067

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lafayette Regional Hlth
Ctr

Occupation
CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.19180

Amount of Each Receipt this Period

350.00

C.

Full Name (Last, First, Middle Initial)

Stephen K Jones, Jr.

Mailing Address 500 Medical Center Blvd

City

Webster

State

TX

Zip Code

77598

FEC ID number of contributing
federal political committee.

C

Name of Employer
Clearlake Regional Medical
Ctr

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 0 / 2 0 0 9

Transaction ID: SA11AI.19347

Amount of Each Receipt this Period

2000.00

SUBTOTAL of Receipts This Page (optional)

2850.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 11 / 30

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

A.

Full Name (Last, First, Middle Initial)

Bret G. Kolman

Mailing Address 1500 State Street

City

Lexington

State

MO

Zip Code

64067

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lafayette Regional Hlt Ctr

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 0 / 2 0 0 9

Transaction ID: SA11AI.19003

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Robbin Lee

Mailing Address 101 Sedona Way

City

Palm Beach Gardens

State

FL

Zip Code

33418

FEC ID number of contributing
federal political committee.

C

Name of Employer
JFK Medical Center

Occupation
COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 0 / 2 0 0 9

Transaction ID: SA11AI.18963

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Ernest Lynch

Mailing Address 3329 Laurel Fork Dr

City

McKinney

State

TX

Zip Code

75070

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medical Center of McKinney

Occupation
President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 0 / 2 0 0 9

Transaction ID: SA11AI.19004

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 30

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

A.

Full Name (Last, First, Middle Initial)

Susan Mahoney

Mailing Address 200 North Shore Dr #721

City

Myrtle Beach

State

SC

Zip Code

29579

FEC ID number of contributing
federal political committee.

C

Name of Employer
Palmyra Medical Center

Occupation
CNO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 0 / 2 0 0 9

Transaction ID: SA11AI.19050

Amount of Each Receipt this Period

350.00

B.

Full Name (Last, First, Middle Initial)

JoAnn Manning

Mailing Address 4505 Timber Path Court

City

Lilburn

State

GA

Zip Code

30047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Emory Johns Creek Hosp

Occupation
CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.19125

Amount of Each Receipt this Period

350.00

C.

Full Name (Last, First, Middle Initial)

Peter Marmarstein

Mailing Address 2501 Founders Bridge Rd

City

Midlothian

State

VA

Zip Code

23113

FEC ID number of contributing
federal political committee.

C

Name of Employer
CJW Medical Center

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.19152

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1700.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 30

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

A.

Full Name (Last, First, Middle Initial)

Mark Marsh

Mailing Address 910 Montclair Drive

City

Bowling Green

State

KY

Zip Code

42103

FEC ID number of contributing
federal political committee.

C

Name of Employer
Greenview Regional

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.19110

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mark Nichols

Mailing Address 237 Pebblebrook Lane

City

Macon

State

GA

Zip Code

31220

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coliseum Health System

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 0 / 2 0 0 9

Transaction ID: SA11AI.18997

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Steve Otto

Mailing Address 506 Bay Point Drive

City

Gallatin

State

TN

Zip Code

37066

FEC ID number of contributing
federal political committee.

C

Name of Employer
Skyline Medical Center

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.19194

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1600.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 30

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

A.

Full Name (Last, First, Middle Initial)

David Portwood

Mailing Address 520 Waverly Park Dr

City State Zip Code
 Macon GA 31210

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coliseum Medical Centers

Occupation
COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.19166

Amount of Each Receipt this Period

350.00

B.

Full Name (Last, First, Middle Initial)

John Quinlivan

Mailing Address 1245 Bay Pointe Terr

City State Zip Code
 Alpharetta GA 30005

FEC ID number of contributing
federal political committee.

C

Name of Employer
Emory Johns Creek Hosp

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.19130

Amount of Each Receipt this Period

750.00

C.

Full Name (Last, First, Middle Initial)

William Mark Rader

Mailing Address 225 Quail Valley Dr.

City State Zip Code
 Leesburg GA 31763

FEC ID number of contributing
federal political committee.

C

Name of Employer
Palmyra Medical Center

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 0 / 2 0 0 9

Transaction ID: SA11AI.19035

Amount of Each Receipt this Period

750.00

SUBTOTAL of Receipts This Page (optional)

1850.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 30

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

A.

Full Name (Last, First, Middle Initial)

Dwayne Ray

Mailing Address 3631 Amber Hills Dr

City

Dallas

State

TX

Zip Code

75287

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medical Center of McKinney

Occupation
CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 0 / 2 0 0 9

Transaction ID: SA11AI.19005

Amount of Each Receipt this Period

350.00

B.

Full Name (Last, First, Middle Initial)

Keith Sandlin

Mailing Address 960 JF Harris Pkwy

City

Cartersville

State

GA

Zip Code

30120

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cartersville Med. Ctr.

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 0 / 2 0 0 9

Transaction ID: SA11AI.18979

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Roger Simmons

Mailing Address 116 Arlington Row

City

Macon

State

GA

Zip Code

31210

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coliseum Medical Centers

Occupation
CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.19169

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

900.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 30

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

A.

Full Name (Last, First, Middle Initial)

Danny Smith

Mailing Address 1410 Dogwood Valley Road

City

Tunnel Hill

State

GA

Zip Code

30755

FEC ID number of contributing
federal political committee.

C

Name of Employer
Redmond Regional Med Ctr

Occupation
CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.19209

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Brian Springate

Mailing Address 14 Higdon Ct NW

City

Fort Walton Beach

State

FL

Zip Code

32547

FEC ID number of contributing
federal political committee.

C

Name of Employer
FWB Medical Center

Occupation
Assoc. CNO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 0 / 2 0 0 9

Transaction ID: SA11AI.19068

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Ann Stocks

Mailing Address 537 Clements Road

City

Rome

State

GA

Zip Code

30161

FEC ID number of contributing
federal political committee.

C

Name of Employer
Redmond Regional Medical
Ctr

Occupation
CNO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.19243

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 30

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

A.

Full Name (Last, First, Middle Initial)

R. Carlton Ulmer

Mailing Address 15 Nicklaus Drive

City State Zip Code
 Rome GA 30165

FEC ID number of contributing
federal political committee.

C

Name of Employer
Redmond Regional Med Ctr

Occupation
COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.19210

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Brenda Waltz

Mailing Address 28 Westover Drive

City State Zip Code
 Rome GA 30165

FEC ID number of contributing
federal political committee.

C

Name of Employer
Redmond Regional Med. Ctr

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.19208

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Ellen Witterstaeter

Mailing Address 392 Gardner Dr NE

City State Zip Code
 Ft. Walton Beach FL 32548

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ft. Walton Beach Med. Ctr.

Occupation
COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 0 / 2 0 0 9

Transaction ID: SA11AI.19066

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

1350.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 30

(check only one)

| | | | | | | | | |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

A.

Full Name (Last, First, Middle Initial)

Vincent Wyatt

Mailing Address 2030 Kildare Circle

City

Niceville

State

FL

Zip Code

32578

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ft. Walton Beach Med CtrOccupation
CFO

Receipt For:

☐ Primary
 ☐ General
 ☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | | 1 | 0 | | 2 | 0 | 0 | 9 |

Transaction ID: SA11AI.19067

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

500.00

TOTAL This Period (last page this line number only)

20250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 30

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

A.

Full Name (Last, First, Middle Initial)

Suntrust Bank

Mailing Address P.O. Box 622227

City

Orlando

State

FL

Zip Code

32862-2227

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

612.02

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 1 / 2 0 0 9

Transaction ID: SA17.19349

Amount of Each Receipt this Period

7.39

Interest

SUBTOTAL of Receipts This Page (optional)

7.39

TOTAL This Period (last page this line number only)

7.39

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 20 / 30

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

A.

Full Name (Last, First, Middle Initial)

Suntrust Bank

Mailing Address P.O. Box 622227

City
Orlando

State
FL

Zip Code
32862-2227

Purpose of Disbursement
Bank analysis fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.19350

Date of Disbursement

/ /

Amount of Each Disbursement this Period

178.91

SUBTOTAL of Disbursements This Page (optional)

178.91

TOTAL This Period (last page this line number only)

178.91

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 21 / 30

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

A.

Full Name (Last, First, Middle Initial)

BOB GOODLATTE FOR CONGRESS COMMITTEE

Mailing Address P.O. Box 292

City
RoanokeState
VAZip Code
24002Purpose of Disbursement
FUNDRAISER

Candidate Name

BOB GOODLATTE FOR CONGRESS COMMITTEE

Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: VA District: 06

Transaction ID: SB23.19295

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | | 1 | 7 | | 2 | 0 | 0 | 9 |

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

BROWN, HENRY E. JR.

Mailing Address P. O. Box 61886

City
North CharlestonState
SCZip Code
29419Purpose of Disbursement
CAMPAIGN

Candidate Name

BROWN, HENRY E JR.

Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: SC District: 01

Transaction ID: SB23.19293

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | | 1 | 5 | | 2 | 0 | 0 | 9 |

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

FORWARD TOGETHER PAC

Mailing Address 201 North Union Street
Suite 300City
AlexandriaState
VAZip Code
22314Purpose of Disbursement
Fundraiser

Candidate Name

FORWARD TOGETHER PAC

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.19287

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | | 1 | 5 | | 2 | 0 | 0 | 9 |

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

7000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 22 / 30

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

A. Full Name (Last, First, Middle Initial)
FRIENDS OF CONGRESSMAN GEORGE MILLER

Mailing Address P.O. Box 5864

City Concord State CA Zip Code 94524

Purpose of Disbursement
Fundraiser

Candidate Name
FRIENDS OF CONGRESSMAN GEORGE MILLER

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 07

Transaction ID: SB23.19285

Date of Disbursement

09 / 15 / 2009

Amount of Each Disbursement this Period

1000.00

B. Full Name (Last, First, Middle Initial)
PEOPLE FOR PATTY MURRAY U S SENATE CAMPAIGN

Mailing Address PO BOX 3662

City SEATTLE State WA Zip Code 98124

Purpose of Disbursement
Fundraiser

Candidate Name
PEOPLE FOR PATTY MURRAY U S SENATE CAMPAIGN

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: WA District: 00

Transaction ID: SB23.19282

Date of Disbursement

09 / 15 / 2009

Amount of Each Disbursement this Period

1000.00

C. Full Name (Last, First, Middle Initial)
PETE STARK RE-ELECTION COMMITTEE

Mailing Address P.O. Box 8331

City Fremont State CA Zip Code 94537

Purpose of Disbursement
Fundraiser

Candidate Name
PETE STARK RE-ELECTION COMMITTEE

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 13

Transaction ID: SB23.19279

Date of Disbursement

09 / 15 / 2009

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

7000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 23 / 30

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

A.

Full Name (Last, First, Middle Initial)

RICHARD BURR COMMITTEE

Mailing Address POST OFFICE BOX 5928

City
WINSTON-SALEM

State
NC

Zip Code
27113

Purpose of Disbursement
Fundraiser

Candidate Name
RICHARD BURR COMMITTEE

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: NC District: 00

Transaction ID: SB23.19289

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

19000.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

A. Full Name (Last, First, Middle Initial)
BRIAN KELSEY FOR STATE SENATE

Mailing Address 6410 POPLAR AVE, SUITE 1000

City State Zip Code
MEMPHIS TN 38119

Purpose of Disbursement
FUNDRAISER

Candidate Name
BRIAN KELSEY FOR STATE SENATE

Category/
Type

Office Sought: ☐ House ☒ Senate ☐ President
Disbursement For: 2009 ☒ Primary ☐ General
☐ Other (specify) ▼

State: TN District: 31

Transaction ID: SB29.19290

Date of Disbursement

09 / 01 / 2009

Amount of Each Disbursement this Period

500.00

B. Full Name (Last, First, Middle Initial)
Campaign to Re-Elect Janis Sontany

Mailing Address 188 Chilton Street

City State Zip Code
Nashville TN 37211

Purpose of Disbursement
CAMPAIGN

Candidate Name
Campaign to Re-Elect Janis Sontany

Category/
Type

Office Sought: ☒ House ☐ Senate ☐ President
Disbursement For: 2010 ☒ Primary ☐ General
☐ Other (specify) ▼

State: TN District: 53

Transaction ID: SB29.19341

Date of Disbursement

09 / 01 / 2009

Amount of Each Disbursement this Period

250.00

C. Full Name (Last, First, Middle Initial)
Committee to Elect Charles Sargent

Mailing Address PO Box 1515

City State Zip Code
Franklin TN 37065

Purpose of Disbursement
CAMPAIGN

Candidate Name
Committee to Elect Charles Sargent

Category/
Type

Office Sought: ☒ House ☐ Senate ☐ President
Disbursement For: 2010 ☒ Primary ☐ General
☐ Other (specify) ▼

State: TN District: 61

Transaction ID: SB29.19334

Date of Disbursement

09 / 01 / 2009

Amount of Each Disbursement this Period

250.00

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 25 / 30

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

A.

Full Name (Last, First, Middle Initial)

COMMITTEE TO ELECT JEANNE RICHARDSON

Mailing Address 797 N. EVERGREEN

City State Zip Code
MEMPHIS TN 38017Purpose of Disbursement
FUNDRAISERCandidate Name
COMMITTEE TO ELECT JEANNE RICHARDSONCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: TN District: 89

Transaction ID: SB29.19302

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | | 0 | 1 | | 2 | 0 | 0 | 9 |

Amount of Each Disbursement this Period

250.00

B.

Full Name (Last, First, Middle Initial)

COMMITTEE TO ELECT JOE LUNDBERG

Mailing Address 212 SKYLINE DRIVE

City State Zip Code
BRISTOL TN 37620Purpose of Disbursement
CAMPAIGNCandidate Name
COMMITTEE TO ELECT JOE LUNDBERGCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: TN District: 01

Transaction ID: SB29.19305

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | | 0 | 1 | | 2 | 0 | 0 | 9 |

Amount of Each Disbursement this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Committee to Elect Mike Stewart

Mailing Address PO Box 60201

City State Zip Code
Nashville TN 37206Purpose of Disbursement
FUNDRAISERCandidate Name
Committee to Elect Mike StewartCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: TN District: 52

Transaction ID: SB29.19315

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | | 0 | 1 | | 2 | 0 | 0 | 9 |

Amount of Each Disbursement this Period

250.00

SUBTOTAL of Disbursements This Page (optional)

750.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 26 / 30

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

A. Full Name (Last, First, Middle Initial)
COMMITTEE TO ELECT PHILLIP JOHNSON

Mailing Address P.O. BOX 437

City PEGRAM State TN Zip Code 37143

Purpose of Disbursement
CAMPAIGNCandidate Name
COMMITTEE TO ELECT PHILLIP JOHNSONCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: TN District: 78

Transaction ID: SB29.19320

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | | 0 | 1 | | 2 | 0 | 0 | 9 |

Amount of Each Disbursement this Period

250.00

B. Full Name (Last, First, Middle Initial)
Committee to Re-Elect Mike Harrison

Mailing Address 115 Green Acres Drive

City Rogersville State TN Zip Code 37857

Purpose of Disbursement
CAMPAIGNCandidate Name
Committee to Re-Elect Mike HarrisonCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: TN District: 09

Transaction ID: SB29.19330

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | | 0 | 1 | | 2 | 0 | 0 | 9 |

Amount of Each Disbursement this Period

250.00

C. Full Name (Last, First, Middle Initial)
COMMITTEE TO RE-ELECT RUSTY CROWE

Mailing Address 808 EAST 8TH AVENUE

City JOHNSON CITY State TN Zip Code 37601

Purpose of Disbursement
CAMPAIGNCandidate Name
COMMITTEE TO RE-ELECT RUSTY CROWECategory/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: TN District: 03

Transaction ID: SB29.19326

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | | 0 | 1 | | 2 | 0 | 0 | 9 |

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

A. Full Name (Last, First, Middle Initial)
COMMITTEE TO RE-ELECT STEVE MCDANIEL

Mailing Address 97 BATTLEGROUND DRIVE

City PARKERS CROSSROADS State TN Zip Code 38388

Purpose of Disbursement
CAMPAIGN

Candidate Name

Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: TN District: 72

Transaction ID: SB29.19342

Date of Disbursement

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|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | | 0 | 1 | | 2 | 0 | 0 | 9 |

Amount of Each Disbursement this Period

250.00

B. Full Name (Last, First, Middle Initial)
FAULK FOR SENATE COMMITTEE

Mailing Address P.O. BOX 2080

City CHURCH HILL State TN Zip Code 37642

Purpose of Disbursement
FUNDRAISERCandidate Name
FAULK FOR SENATE COMMITTEECategory/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: TN District: 04

Transaction ID: SB29.19335

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | | 0 | 1 | | 2 | 0 | 0 | 9 |

Amount of Each Disbursement this Period

500.00

C. Full Name (Last, First, Middle Initial)
FRIENDS OF FERGUSON

Mailing Address 2851 ROANE STATE HIGHWAY

City HARRIMAN State TN Zip Code 37748

Purpose of Disbursement
CAMPAIGNCandidate Name
FRIENDS OF FERGUSONCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: TN District: 32

Transaction ID: SB29.19311

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | | 0 | 1 | | 2 | 0 | 0 | 9 |

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
HCA INC. GOOD GOVERNMENT FUND

| | |
|---|--|
| A. Full Name (Last, First, Middle Initial) FRIENDS OF GLEN CASADA | Transaction ID: SB29.19308 Date of Disbursement |
| Mailing Address 4893 BETHESDA DUPLEX RD | <div> <div>09</div> <div>01</div> <div>2009</div> </div> |
| City COLLEGE GROVE State TN Zip Code 37046 | Amount of Each Disbursement this Period |
| Purpose of Disbursement FUNDRAISER | <div>500.00</div> |
| Candidate Name FRIENDS OF GLEN CASADA | <div>Category/Type</div> |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 63 | Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| B. Full Name (Last, First, Middle Initial) FRIENDS OF KEN YAGER | Transaction ID: SB29.19317 Date of Disbursement |
| Mailing Address P.O. BOX 346 | <div> <div>09</div> <div>01</div> <div>2009</div> </div> |
| City HARRIMAN State TN Zip Code 37748 | Amount of Each Disbursement this Period |
| Purpose of Disbursement CAMPAIGN | <div>250.00</div> |
| Candidate Name FRIENDS OF KEN YAGER | <div>Category/Type</div> |
| Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 12 | Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| C. Full Name (Last, First, Middle Initial) Friends of Lowe Finney | Transaction ID: SB29.19345 Date of Disbursement |
| Mailing Address PO Box 1432 | <div> <div>09</div> <div>01</div> <div>2009</div> </div> |
| City Jackson State TN Zip Code 38302 | Amount of Each Disbursement this Period |
| Purpose of Disbursement FUNDRAISER | <div>500.00</div> |
| Candidate Name Friends of Lowe Finney | <div>Category/Type</div> |
| Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 27 | Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

SUBTOTAL of Disbursements This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

A. Full Name (Last, First, Middle Initial)
JACK JOHNSON FOR STATE SENATE

Mailing Address 330 FRANKLIN ROAD SUITE 135A-178

City State Zip Code
BRENTWOOD TN 37027

Purpose of Disbursement
CAMPAIGN

Candidate Name
JACK JOHNSON FOR STATE SENATE

Office Sought: ☐ House ☒ Senate ☐ President
 Disbursement For: ☒ Primary ☐ General
☐ Other (specify) ▼

State: TN District: 23

Transaction ID: SB29.19323

Date of Disbursement

M M / D D / Y Y Y Y
09 01 2009

Amount of Each Disbursement this Period

1000.00

B. Full Name (Last, First, Middle Initial)
JASON MUMPOWER FOR STATE REPRESENTATIVE

Mailing Address P.O. BOX 2221

City State Zip Code
BRISTOL TN 37621

Purpose of Disbursement
FUNDRAISER

Candidate Name
JASON MUMPOWER FOR STATE REPRESENTATIVE

Office Sought: ☒ House ☐ Senate ☐ President
 Disbursement For: ☒ Primary ☐ General
☐ Other (specify) ▼

State: TN District: 03

Transaction ID: SB29.19331

Date of Disbursement

M M / D D / Y Y Y Y
09 01 2009

Amount of Each Disbursement this Period

1000.00

C. Full Name (Last, First, Middle Initial)
Kentucky House Democratic Caucus

Mailing Address PO Bo x 4204

City State Zip Code
Frankfort KY 40604

Purpose of Disbursement
fundraiser

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President
 Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.19353

Date of Disbursement

M M / D D / Y Y Y Y
09 24 2009

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 30 / 30

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

A.

Full Name (Last, First, Middle Initial)

Kent Williams Campaign

Mailing Address 126 S Main Street

City Elizabethton State TN Zip Code 37643

Purpose of Disbursement
FUNDRAISERCandidate Name
Kent Williams CampaignCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: TN District: 04

Transaction ID: SB29.19316

Date of Disbursement

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|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | | 0 | 1 | | 2 | 0 | 0 | 9 |

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

RE-ELECT BILL HARMON

Mailing Address 107 HARMON DRIVE NORTH

City DUNLAP State TN Zip Code 37327

Purpose of Disbursement
CAMPAIGN

Candidate Name

Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: TN District: 37

Transaction ID: SB29.19338

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | | 0 | 1 | | 2 | 0 | 0 | 9 |

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional) ►

1500.00

TOTAL This Period (last page this line number only) ►

9750.00